

**CASS COUNTY SHERIFF'S OFFICE**

**Citizen Complaint Form**

**Inq-  
OPS-**

**Office of Professional Standards**

**Use Only**

(Please print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E mail Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Name/Unit # of employee (if known): \_\_\_\_\_

Details of complaint: \_\_\_\_\_

Signature \_\_\_\_\_ the information is true to the best of my knowledge

(please use additional paper if needed to complete the details and complaint)

Witness: \_\_\_\_\_ Ph # \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

(If more than one witness please use an additional sheet of paper)

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Return Complaint to:

Office of Professional Standards  
Pierce County Sheriff's Office  
110 Industrial Road  
Rugby, ND 58368

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Do not write below this line  
(Office of Professional Standards use only)

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Assigned Investigator: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

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OPS Recommended Disposition:

Sustained ( )      ( ) Discipline      ( ) No Discipline

Not Sustained ( )      Unfounded ( )      Exonerated ( )

Policy Failure ( )      Closed ( )      Other ( )

Date of Disposition: \_\_\_\_\_

Sheriff/Designee: \_\_\_\_\_

Concur ( )      Do Not Concur ( )